BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

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		CLA	AIMS AS FILED - PAF (Column 1)			RT I (Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY					
FOR			NUMBI	ER FILED	NUMBER		EXTRA		RATE	FEE		RATE	FEE				
BASIC FEE										380.00	OR		760.00				
TOTAL CLAIMS			35	minus	20=	* (<u> </u>		X\$ 9=		OR	X\$18=	270				
INE	DEPENDENT C	LAIMS	5	5 minus 3 = * 7					X39=		OR	X78=	156				
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=					
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	<u> </u>	OR	TOTAL	1176				
CLAIMS AS AMENDED - PART II									. •		_	OTHER					
			umn 1)		(C	olumn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY				
AMENDMENT A		REM Al	AIMS AINING TER IDMENT		I PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	Total	ئ •	35	Minus	**	20	= 15		X\$ 9=		OR	X\$18=	270.0				
	Independent	*	5	Minus	***		= 2		X39=		OR	X78=	156.c				
	FIRST PRESE	ENTATIC	ON OF MI	JLTIPLE DE	PENU	ENI CLAIM		, [+130=		OR	+260=					
								L	TOTAL		OR	TOTAL	1101				
		(Cal	umn 1)		(C	olumn (1)	(Column 2)	Α	DDIT. FEE			ADDIT. FEE	11017				
AMENDMENT B	· · · · · · · · · · · · · · · · · · ·		AIMS			olumn 2) IIGHEST	(Column 3)	lr		ADDI-) [ADDI				
		AF	AINING TER IDMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE				
	Total	* 7	3	Minus	**	35	= 38		X\$ 9=	. ==	OR	X\$18=	684				
	Independent	* 9	· · · · · · · · · · · · · · · · · · ·	Minus	***	5	= 4		X39=		OR	X78=	336				
	FIRST PRESE	NIAIIC	IN OF MU	JETIPLE DEI	PEND	ENT CLAIM			+130=		OR	+260=	0				
							,	. L	TOTAL DDIT. FEE	-		TOTAL ADDIT. FEE	1020				
		(Coli	ımn 1)		(C	olumn 2)	(Column 3)	AI	DOM. PEE		'	ADDII. FEE	•				
]		CL	AIMS	- W	H	IIGHEST	(Coldinii o)		r	ADDI	ſ	 -	ADDI				
MEN		AF	AINING TER DMENT		PR	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	Total	*		Minus	**		=		X\$ 9=	, rac	OR	X\$18=	1 545				
	Independent	*		Minus	***	,	=	ŀ┣	X39=		l	X78=					
<u> </u>	FIRST PRESE	NTATIO	N OF ML	ILTIPLE DEF	PEND	ENT CLAIM		F	709-		OR						
* 14	the entry in selim	ma 1 ia la	oo than th		mn 0 :	wito "O" in cal	· /		+130=	_	OR	+260=					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.																	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:					
· · · · · · · · · · · · · · · · · · ·	·					
	Fee Code	Total # Claims	Number Extra X	Fee	Fee =	T
Basic Filing Fee	Sm./Lg.			Sm. Entity	Lg. Entity	Total
Total Claims >20	203/103	35 -20 =	15 x 2 x		18.	260
Independent Claims >3 Mult. Dep Claim Present	<u>202/102</u> <u>204/104</u>	5 .3 =	<u>></u> x		78 =	156
Surcharge .	205/105					130
English Translation	139				·	
TOTAL FEE CALCULA	ATION					13/6
Fees due upon filing t	he application:		•			
Total Filing Fees Due	= \$	13/6			,	
Less Filing Fees Subm	inted - \$					•
BALANCE DUE	= \$					
in legra	don				•	

Figure 7